SCHEDULE B

(Form 5500)
Department of the Treasury
Internal Revenue Service Department of Labor Pension and Welfare Benefit Programs Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

► Attach to Forms 5500, 5500-C, or 5500-R if applicable.

This Form Is Open to Public Inspection

OMB No. 1210-0016

For calendar plan year 1984 or fiscal plan year beginning

, 1984, and ending

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	•	_			► Round off amounts hable cause is established		dollar.		
➤ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause. Name of plan sponsor as shown on line 1(a) of Form 5500, 5500-C, or 5500-R						Employer identification number			
Nar	me of plan				Enter three digit plan number		Yes	No	
1		a funding deficiency for a copy of the IRS approv		d by the IRS?					
2	Is a waived fundi	ing deficiency of a prior	plan year being amortiz	ed in this plan year? .					
3	If "Yes," attach	a copy of the IRS approv	/al letter.		?)(B) been extended by IR				
4	(b) Is this plan	a multiemployer plan v		ear, in reorganization a	l account computations? s described in Code secti				
		ou are required to attacl							
5	Has a change in	funding method for this a copy of the informatio	plan year been made?						
6	Operational info	rmation:							
	` '	recent actuarial valuati (s) and amount of contri	butions received this p		ears and not previously re	ported:	·		
	Date(s)				, Amount ▶				
					n year				
		lue of vested benefits as							
	, ,	her participants							
	, ,								
		lue of nonvested accrue							
		persons covered (include							
		participants							
	(II) Termi (III) Retire	nated participants with d participants and bene	vested benefits ficiaries of deceased na						
7		ade to the plan for the p							
	(a)	(b)	(c)	(a)	(h)		'c)		
	Month Day Year	Amount paid by employer	Amount paid by employees	Month Day Year	(b) Amount paid by employer		(c) nt paid ployees		
						:			
				Total					
tion	To the best of my know	led Actuary (see instru wledge, the information suppli e (a) are reasonably related to	ed in this schedule and on the	e accompanying statement, if	any, is complete and accurate, a and (b) represent my best estin	and in my opinio nate of anticipa	on the as ted expe	sump- rience	
	· •								
		Signa	ature of actuary			Date			
		Builden	voo namo of catuary			allmont more			
		Print Or ty	ype name of actuary		Enro	ollment numb	er		

Address

Telephone number (including area code)

(a) Accrued liabilities as determined for funding standard account as of (enter date) (b) Value of assets as determined for funding standard account as of (enter date) (c) (c) Actuarial gains or (losses) for period ending ► (d) Amount of contribution certified by the actuary as necessary to reduce the funding deficiency to zero, from 9(m) or 10(h) (or the attachment for 4(b) if required) 9 Funding standard account statement for this plan year ending ► Charges to funding standard account: (a) Prior year funding deficiency, if any (b) Employer's normal cost for plan year as of mo. day yr. Loss applicable to the end of the plan year on (a), (b), and (c) (c) Amortization charges (outstanding balance as of mo. day yr. Loss applicable to the end of the plan year on (a), (b), and (c) (e) Total charge (add (a) through (d)) Credits to funding standard account: (f) Prior year credit balance, if any (g) (Employer contributions received this plan year for prior plan years and not previously reported (h) Amortization credits (outstanding balance as of mo. day yr. Loss applicable to end of plan year on (f), (g), and (h) (j) Interest as applicable to end of plan year on (f), (g), and (h) (j) Other (specify) ► (k) Total credits (add (f) through (j)) Balance: (i) Credit balance: if (k) is greater than (e), enter the difference (m) Funding deficiency: if (e) is greater than (k), enter the difference (m) Funding deficiency: if (e) is greater than (k), enter the difference (m) Funding deficiency: if the sum of (b) through (h). (b) Prior year alternate funding deficiency, if any (c) Normal cost (d) Excess, if any, of value of accrued benefits over market value of assets (e) Interest on (b), (c), and (d) (f) Employer contribitions (total from column (b) of item 7) (g) Interest on (h), (c), and (d) (h) Funding deficiency: if the sum of (b) through (e) is greater than the sum of (f) and (g), enter difference (e) Indiring deficiency: if the sum of (b) through (e) is greater than the sum of (f) and (g), ent			
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(g) ☐ Other (specify) ► 12 Checklist of certain actuarial assumptions: (a) Rates specified in insurance or annuity contracts (b) Mortality table code: (i) Males (iii) Females			
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(b) Mortality table code: (i) Males (ii) Females			
(i) Males	t-retirement		
(i) Males	t-retirement		
(ii) Females	t-retirement		
	t-retirement		
(c) Interest rate % % %	t-retirement s No		
(d) Retirement age	t-retirement		
(e) Expense loading % % %	t-retirement s No		
(f) Annual withdrawal rate: Male Female Male Female	t-retirement s No		
(i) Age 25 % % %	t-retirement s No		
(i) Age 23	t-retirement s No		
(ii) Age 40	t-retirement s No		
(iii) Age 99	t-retirement s No		
(g) Ratio of salary at normal	t-retirement s No		
retirement to salary at: (i) Age 25	t-retirement s No		
(/) Age 23	t-retirement s No		
(II) Age 40 · · · · · ·	t-retirement s No		
(iii) Age 55	t-retirement s No		